

WASAGA BEACH PAINTBALL SAFETY BRIEFING & PHOTOGRAPHY RELEASE

1. Goggles must remain on at all times while in and around the playing fields. **Never** remove or lift your mask while in the playing field.
2. Barrel plugs must be in your paint guns **before** entering the safety area. **Never** remove your barrel plug while outside the playing field.
3. Paint guns may only be discharged while in the playing field. Never fire the gun outside the designated playing area whether there is paint in the gun or not.
4. Paintballs **must** be purchased from Wasaga Beach Paintball. Persons caught playing with non-field paint will be asked to leave.
5. Always handle paintball guns in a safe and responsible manner.

I hereby release any photo or video images to be used by Wasaga Beach Paintball Adventure for promotion and/or advertising. I have read and understood the above rules and I agree to play the game in accordance to them. **Failure to follow the rules may result in my removal from the game.**

Signed: _____ Date: _____

Print Name: _____

WAIVER AND RELEASE OF LIABILITY FORM

RELEASE OF LIABILITY, WAIVE OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

Group Name: _____

To: Wasaga Beach Paintball Adventure and 1533292 Ontario Inc.

Assumption of Risk:

1. I, the undersigned, wish to play Paintball and/or Airsoft. I recognize and understand that playing Paintball and/or Airsoft (hereinafter called the "Game") involves certain risks. Those risks include, but are not limited to, the risk of injury resulting from possible malfunction of the equipment used in the game and injuries from tripping or falling over obstacles in the game playing field. In addition, I recognize that the exertion of playing the game could result in injury or death.
2. Despite these and other risks, and fully understanding such risks, I wish to play the Game and hereby assume the risks of playing the Game. I also hereby hold harmless the "Sponsors" and indemnify them against any or all claims, actions, suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of, connected with, or resulting from my playing the Game, including without limitation, those resulting from the manufacturers, selection, delivery, possession, use or operation of such equipment. I hereby release the Sponsors from any and all such liability, and I understand that this release shall be binding upon my estate, my heirs, my representatives and assigns. I hereby certify to the Sponsors that I am in good health and do not suffer from a heart condition or other ailment which could be exacerbated by the exertion involved in playing the Game, I further certify that I am 18 years of age or older.

PLAYER OR GUARDIAN INITIAL _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of participating in the "Game", I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against Wasaga Beach Paintball Adventure and 1533292 Ontario Inc., their directors, officers, employees, agents and representatives (all of whom are hereinafter collectively referred to as "the Releases");
2. **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense any cause whatsoever, **INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;**
3. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in Paintball and/or Airsoft; and
4. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT MY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEAIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20_____.

Signature of Parent/Guardian if Participant is less than 18 years old: _____

Signature of Participant: _____

Print name clearly: _____

Print name clearly: _____

Witness: _____

Gun Owners: Fill in your address below to be added to our mailing list

Address: _____ City: _____ Prov: _____ Postal Code: _____

Email: _____

<input type="checkbox"/> Renter	GUN #: _____	<input type="checkbox"/> Gun Owner	<input type="checkbox"/> Member	AMOUNT PAID: \$ _____
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